

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26020

1. PLACE OF DEATH

County Brown
Township Co. 10
City St. Louis

Registration District No. 232
Primary Registration District No. 9376

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Armand J. Blount</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8-1863</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>1</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brown Co. Mo.</u>
	13. NAME <u>Wm. Blount</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Main Co. Tenn.</u>

FATHER	15. MAIDEN NAME <u>Elizabeth A. Jones</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Tenn.</u>

17. INFORMANT (ADDRESS) <u>E. L. Blount</u> <u>St. Louis</u>

18. BURIAL, CREMATION, OR REMOVAL
PLACE <u>Fairview</u> DATE <u>8/17-1933</u>

19. UNDERTAKER (ADDRESS) <u>L. J. Jones</u> <u>St. Louis</u>

20. FILED <u>Sept 10</u> 1933 <u>J. E. Sanders</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16-1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to Aug 16 1933
I last saw him alive on Aug 14 1933. Death is said to have occurred on the date stated above, at 10:00 m.
The principal cause of death and related causes of importance were as follows:

myocarditis
Date of onset 2/19/33

Other contributory causes of importance:
1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Gen. H. H. Kears, M. D.
(Address) St. Louis

